Medicare Preventive Services

...to keep you healthy

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CENTERS for MEDICARE & MEDICAID SERVICES

Did You Know?

- African Americans are twice as likely as whites to die from diabetes complications.
- Deaths from prostate cancer among African American men are almost twice those of white men.
- Only 45% of African Americans over the age of 65 have had a flu shot. For pneumonia shots, the number is even lower.

We Care at The Centers for Medicare & Medicaid Services (CMS)

CMS wants to improve the health of African American seniors. We know that regular tests and check-ups can help you prevent and manage major illnesses, such as glaucoma, diabetes and cancer. This is where Medicare Preventive Services come in. Medicare will help pay for all the tests listed in this brochure! So read on . . .

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Medicare Preventive Services

Just because you are getting older does not mean you should give up on good health. Medicare provides coverage of preventive services that can keep you healthy for a long time. Medicare will help you pay for:

1. **Glaucoma screening**
2. **Bone mass measurements**
3. **Medical nutrition therapy**
4. **Prostate cancer screening**
5. **Flu, pneumonia, and Hepatitis B shots**
6. **Colorectal cancer screening**
7. **Mammogram screening**
8. **Tests for cervical cancer and vaginal cancer**
9. **Diabetes blood sugar monitoring and diabetes self-management training**

Each page in this brochure describes a preventive service covered by Medicare and includes:

- Who is covered
- What services are covered by Medicare and how often you may need them;
- How much YOU pay (with the Original Medicare Plan)

Taking advantage of these preventive health services can be the key to good health. Keep this brochure in a safe place and take it with you when you visit your doctor or health care provider. Ask if any of these services is right for you.

Glaucoma Screening

Q: Who is covered by Medicare for glaucoma screening?

A: People with Medicare who are at high risk for glaucoma, including people with diabetes; people with a family history of glaucoma; or African Americans aged 50 and older.

Q: What services will Medicare cover and how often are they covered?

A: Medicare covers one exam every year. The screening must be done or supervised by an eye doctor who is legally allowed to do this service in your state.

Q: What will I pay for the screening?

A: You will pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Diabetes Services

Pap Test Examination

Mammogram Screening

Colorectal Cancer Screening

Flu, Pneumonia, & Hepatitis B Shots

Prostate Cancer Screening

Bone Mass Measurements

Glaucoma Screening

Bone Mass Measurements

Q: Who is covered by Medicare for bone mass measurement tests?

A: People with Medicare who are at risk for losing bone mass.

Q: What is a bone mass measurement test?

A: A painless, fast and safe test that measures the strength of your bones and will tell your doctor if you are at risk or should be treated for osteoporosis.

Q: What is osteoporosis?

A: A disease that causes bones to become so weak and thin that they break easily.

Q: What services does Medicare cover and how often are they covered?

A: Medicare covers a bone mass measurement test for people with Medicare who are at risk for losing bone mass. The test is covered every 2 years, or more often if medically necessary.

Q: What will I pay for a bone mass test?

A: You will pay 20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.

Diabetes Services

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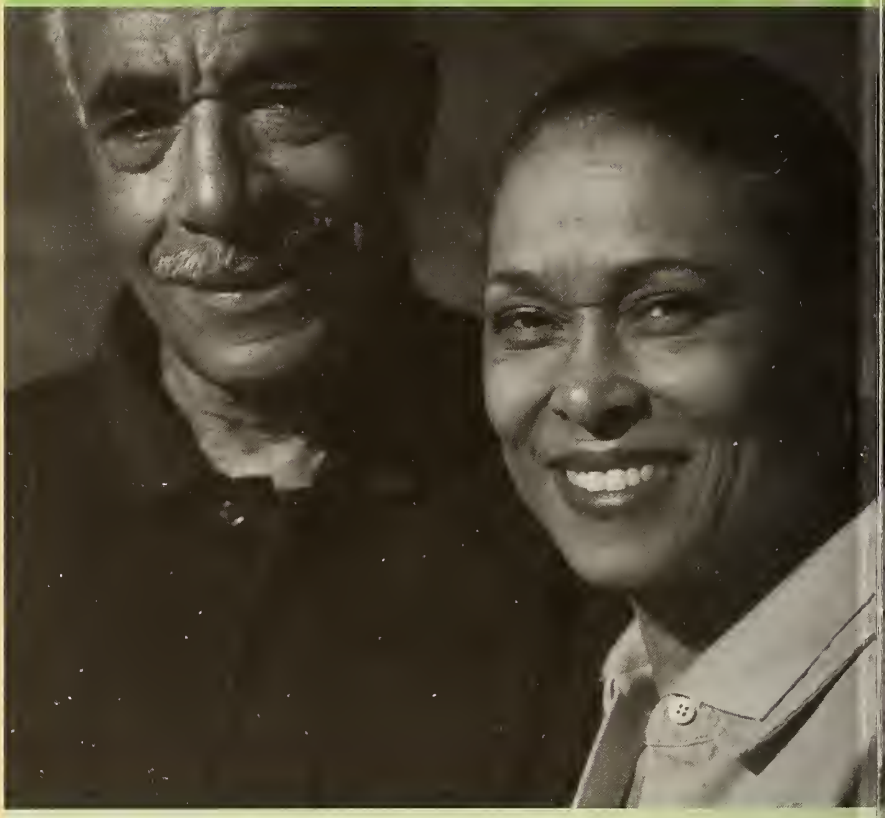
Mammogram Screening

Colorectal Cancer Screening

Flu, Pneumonia, & Hepatitis B Shots

Prostate Cancer Screening

Bone Mass Measurements



Prostate Cancer Screening

Q: Who is covered for prostate cancer screening?

A: All men with Medicare age 50 and older (coverage begins the day after your 50th birthday).

Q: What services will Medicare cover and how often are they covered?

A: A digital rectal examination once every 12 months and a Prostate Specific Antigen (PSA) blood test once every 12 months.

Q: What is a digital rectal exam?

A: To check the gland next to the rectum, the doctor inserts a gloved finger into the rectum to feel for lumps on the prostate.

Q: What is a Prostate Specific Antigen (PSA) test?

A: A blood test that measures how much antigen (substance created by the prostate) is in the blood stream.

Q: What will I pay for these services?

A: For the rectal examination, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. For the PSA test, you pay no coinsurance and no Part B deductible.

Q: How do I get more information?

A: Call the National Cancer Institute at **1-800-4-CANCER** (1-800-422-6237) or visit ***www.nci.nih.gov***.

Diabetes Services

Pap Test Examination

Mammogram Screening

Colorectal Cancer Screening

Flu, Pneumonia, & Hepatitis B Shots

Prostate Cancer Screening

Flu, Pneumonia, & Hepatitis B Shots

Q: Who is covered by Medicare for flu, pneumonia and Hepatitis B shots?

A: For flu and pneumonia shots, all people with Medicare. For Hepatitis B shots, people with Medicare must be at medium or high risk for hepatitis. That includes people with End-Stage Renal Disease or hemophilia.

Q: How often does Medicare cover these preventive shots?

A: The flu shot is covered once a year in the fall or winter. One pneumonia shot may be all you will ever need; ask your doctor. Medicare covers a Hepatitis B shot if you are at medium to high risk for Hepatitis B.

Q: What will I pay for these shots?

A: There is no charge for the flu and pneumonia shots if your health care provider accepts Medicare assignment. For Hepatitis B shots, you pay 20% of the Medicare-approved amount after the yearly Part B deductible.

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Flu, Pneumonia, & Hepatitis B Shots

Colorectal Cancer Screening

Q: Who is covered for colorectal cancer screening services?

A: All people age 50 and older with Medicare. However, there is no minimum age for getting a colonoscopy.

Q: Which colorectal cancer screening tests does Medicare cover, and how often are they covered?

A: Medicare covers the following screening tests:

- **Fecal Occult Blood Test** (or Stool Test)—Every 12 months
- **Flexible Sigmoidoscopy**—Every 4 years
- **Colonoscopy**—Every 2 years if you are at high risk for colorectal cancer. Every 10 years (but not within 4 years of a screening sigmoidoscopy) if you are not at high risk
- **Barium Enema**—Instead of a sigmoidoscopy or colonoscopy

Q: What will I pay for these services?

A: The Fecal Occult Blood Test is free. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. For flexible sigmoidoscopy or colonoscopy, you pay 25% of the medicare-approved amount if the test is done in an ambulatory surgery center or a hospital outpatient department.

Q: How do I get more information?

A: Call the National Cancer Institute at **1-800-4-CANCER** (1-800-422-6237) or visit ***www.nci.nih.gov***.

Mammogram Screening

Q: Who is covered by Medicare for mammograms?

A: All women age 40 and older with Medicare. But you can receive one baseline mammogram between the ages of 35 and 39 if you have Medicare.

Q: What is a mammogram?

A: An x-ray picture of the breast—You stand in front of an x-ray machine. Your breast is placed between two plastic plates, which press your breast and make it flat. It takes only a few seconds.

Q: What breast cancer screening services does Medicare cover, and how often are these services covered?

A: A mammogram is covered every 12 months. Medicare also covers new digital technologies for mammogram screenings.

Q: What will I pay for these services?

A: You pay 20% of the Medicare-approved amount with no Part B deductible.

Q: How do I get more information?

A: Call the National Cancer Institute at **1-800-4-CANCER** (1-800-422-6237) or visit ***www.nci.nih.gov***.

Pap Test Examination

Q: What is a Pap test?

A: A way to check for cancer of the cervix (the opening to a woman's uterus). A health provider wipes a tiny brush on the cervix to take a sample of cells. The sample is checked under a microscope.

Q: Who is covered by Medicare for Pap tests and pelvic examinations?

A: All women with Medicare.

Q: What services does Medicare cover and how often are they covered?

A: Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. A screening Pap test and pelvic exam are covered once every 24 months. A clinical breast exam is also covered to check for breast cancer. But, if you are a woman of child bearing age and have had an abnormal Pap test within the preceding 36 months, or if you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

Q: What will I pay for these services?

A: A Pap lab test is free of charge. For Pap test collection and pelvic and breast exams, you pay 20% of the Medicare-approved amount (or a copayment amount) with no Part B deductible.

Q: How do I get more information?

A: Call the National Cancer Institute at **1-800-4-CANCER** (1-800-422-6237) or visit ***www.nci.nih.gov***.

Diabetes Services

Q: Who is covered by Medicare for diabetes services?

A: All people with Medicare who have diabetes, whether or not they use insulin.

Q: What services are covered by Medicare?

A: Medicare covers many services for people with diabetes, but the following preventive services are covered:

- Glucose monitors, test strips, and lancets to test your blood sugar
- Diabetes self-management training
- Medical nutrition therapy

Your physician or health care provider must order all of these services.

Q: What is Medical Nutrition Therapy?

A: Medical nutrition therapy is diet therapy and counseling services to help you control your disease and make you feel better. A registered dietician or nutritional professional gives the therapy upon referral by a physician.

Q: What will I pay for these services?

A: You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

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Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, Maryland 21244-1850

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1-800-MEDICARE
Your official information source

Medicare will cover new preventive services starting in 2005. To find out more, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the internet.